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ABSTRACT

The problems of the aged include: inadequate health care, insufficient income, transportation, substandard housing, crime victimization, poor nutrition, loss of home, sense of being valueless, forced retirement and apathy from the police. Survey objectives were: determination of the extent to which cities were serving senior populations and how they were easing the problems as well as identifying local civic groups in providing help to the aged. Additionally, the survey identified other pervasive problems for the service providers: lack of central direction and guidance, no central location from which to disseminate information, and complex funding problems. Recommendations included city-wide organizational planning changes in counselor training to include programs for practicing gerontology counselors. A program involving church facilities on a rotating day of the week basis was suggested. Training of seniors themselves as first-line listeners was included as a part of the program. (BN)

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A Look at Senior Citizens Programs in the United States

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A paper presented before the Annual Convention, American Personnel and Guidance Association in Washington, D.C., March, 1978

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A Look at Senior Citizens Programs

in the United States

ITEM: Lottie, who is afraid to have her real name in print, has no family, just a cousin in New Jersey. She is 88, a tiny, outraged mass of bruises, her nose is broken, her eyes are blackened, her neck is purple, her hands are wounded. She was pushed into her apartment when she opened the door. She was beaten with her own walking cane. She was tied to a steam pipe. "He kept beating me and asking, 'Where is the money'? I told him I didn't have any, just the $5 in my pockets. But he thought there was more," she said.

ITEM: Mary, a 75 year old woman who was so frightened after she was mugged that she never left her apartment. Her life shriveled. Mary never carried out the garbage. So it piled up, and room by room was filled with refuse. Room by room was sealed off, as her life grew smaller and smaller. Nor would Mary venture out for food. She threw money out the window to kids who brought her candy bars. They, too, ripped her off, charging her double for candy. Police learned of Mary when, letting down her guard, she was mugged as she mailed a letter.

ITEM: Hans and Emma Kabel killed themselves last October in their Bronx apartment where they had lived for 50 years. Their home had been invaded and robbed twice and they had been attacked. They had no other place to go.

These and similar items of news appeared in the not too distant past issues of both national and local newspapers.

As I read these items and many other such news notes it gradually became apparant to me that somehow in my preparation as a professional counselor I had neglected to inform myself, to prepare myself for providing my services to a sizeable proportion of our population. In my

own omniscience view of myself I had not even thought of my own aging process and the many problems that my family and I would face. Sure, I realized in passing moments, my income might be reduced and probably my health would not be so good but never had I realized the extent of the problems that are faced by the aged. I had read about crime and nursing homes and other such things, but that could never happen to me! I had listened to the voice of our society, a voice always spoken with great pride of the promise of the golden years, a time for respite, relaxation, and fulfillment, when we could reap rewards of the years of contribution and commitment.

Little did I know that that was a false promise for many of us. It was not until after I began to review the literature that I realized just how false that promise is and the severity and extent of the problems that will face most of us as we grow older.

Representative William S. Cohen of Maine, in the Hearing before the Select Committee on Aging, House of Representatives, Ninety-fifth Congress, First Session, March 7, 1977, sums up well this falseness:

> "...Well, I think it's been a false promise - a myth shattered by the stone of experience. Millions of Older Americans now find that they have inherited a wasteland of inflation that consumes their savings and reduces their purchasing power and their very means of survival; of forced retirement and artificial limitations upon earnings after retirement that carry the penalty of reductions of social security benefits that have been paid for; of urban areas that have been filled with young gangs that beat and rob and ravish them with virtual impunity, that turns their lives into a fragile hourglass filled with fear that drives them off the streets at the setting of the sun; that forces them into nursing homes or other institutions, where, too often, they become helpless victims of shocking cases of fraud and abuse and neglect."

He goes on to ~~say~~ say, however, that the cruelest problem of all that faces the older American is one of apathy and indifference. This indifference, I feel, has been partially caused by people like you and I, the professional guidance and counseling workers who have failed as social engineers to give much of our time and concern to this segment of our population; a segment that has been estimated to reach 31.8 million in the year 2030. This means that roughly 22 percent of this nation's population will be over 65, a situation that will have a major impact on America's social and economic institutions, and a major impact on you and I as helping professionals.

In an effort to learn just how this nation is presently attempting to ease the problems of the aged, I conducted a national survey with the help of Ms Linda Barnard, of some 84 cities representing all fifty states and all ethnic and population densities. I would like to present the results of this survey to you. Before I do so however, I think it is only appropriate to spend a short period of time reviewing the various problems that will be faced.

Dr. Virginia Boyiak, with the University of Southern California, Los Angeles, related to Mr. Charles Collinwood in a CBS News Special, that health is ranked by the aged as the most pressing concern by three times over the next problem.[1] Americans of all ages have become alarmed over the increasing cost and inaccessibility of health care. For seniors this is a problem of special magnitude, in spite of the increased funding for Medicare and Medicaid.

Ten years ago, Daphne Krause spent considerable time talking to seniors about how their health affected their lives. She learned they were afraid to get sick. They were afraid they would be unable to obtain or to pay for needed health care. What was even worse, they were aftraid they would be locked away in nursing homes and institutions for problems that could be handled at home.[2] And with good reason. A recent mental hospital magazine reported that 50 to 90 percent of the persons committed to mental hospitals after the age of 65 were not mentally ill and needed no medical attention. There was no medical reason for being there.

A University of Michigan survey of the elderly's health needs revealed "...most of the health problems of persons over 65 are not due to the aging process itself. Rather, they suffer from the physical and social insults which their environment casts upon them."[3]

Closely associated with health is greatly reduced income which means a loss of purchasing power for health care, housing, transportation, and a proper diet needed for good health. Lack of adequate nutrition has become one of the most severe threats to the health of older Americans. Deteriorated housing and other poor environmental conditions result in more fatalities among the old than pneumonia and diabetes. Transportation difficulties limit access to medical care, food supplies, and other people. Many seniors, when asked, listed isolation and loneliness as their main problem. They needed something to fill their time, something to fill the void in their lives; something to get up for; to feel needed. Many related that they withdraw into themselves so they can escape the sense of being valueless.

Crime victimization is probably the second most prevalent problem facing the aged. When considering older people and crime, the key factors are senior's vulnerability and the fear that flows from awareness of their condition. According to research conducted by the U.S. Department of Housing and Urban Development (HUD) of urban elderly public housing residents, the fear factor is many times higher than the actual crime rate which is, in fact, high. For example, a recent survey of four public housing projects in Boston showed that the residents experienced a robbery rate of 5.6 per 100 tenants annually. When asked what they thought their chanced of being robbed were, more than 80 percent of the respondents believed the likelyhood was 50 percent or greater. The response pattern was similar when other crimes, such as rape, were mentioned.[4]

Fear of victimization results in seniors locking themselves in their homes, too terrified to leave. Many are not even safe there as entry poses few obstacles to the criminal. Social security checks, supplemental income checks, and pension checks are easy targets of the offender who preys on the aging population. The elderly citizen has little or no credit available and are more likely to conduct their transactions in cash, a fact that serves to increase their appeal as targets of violent crime. This only adds to a further reduction in resources badly needed for those services, facilities, and necessities mentioned above, and the quality of life these citizens lead in their last years.

Let me conclude this part of the presentation by listing the problems of the aged. The list is by no means all inclusive and areas are

not ranked by priority.

* Inadequate health care
* Greatly reduced or insufficient income
* Lack of transportation
* Inadequate or substandard housing
* Crime victimization
* Inadequate food supplies and poor nutrition
* Being moved from one's home against one's will
* Loneliness, isolation, and idleness
* Sense of being valueless
* Forced retirement
* Apathy and indifference from a responsible public

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In conducting this survey two major objectives were involved. First, to determine to what extent how cities and municipalities of various densities, locations, and ethnic backgrounds were serving their senior population and how they were easing those problems that were mentioned before. Second, to determine what extent local civic and self-interest groups were involved in providing help to the aged population as opposed to federal, state, and locally funded agencies and organizations.

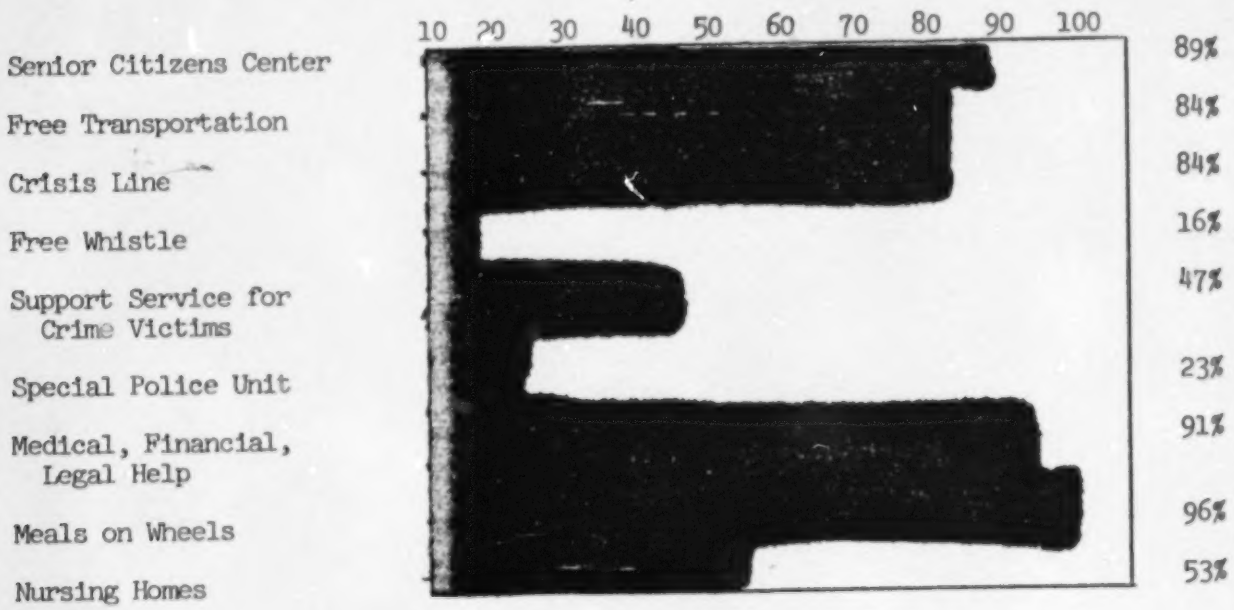
The Survey of Programs for the Aged was sent to 84 cities located in all 50 states of the United States. Cities were selected based on size of population, climate and geographic considerations, and on major ethnic

configuration. The following results are reported on the 52% first time response rate to the survey.

The survey questions were based on issues raised in a review of the literature. A copy of the survey is inclosed as Appendix A. A map showing cities surveyed and those responding is included as Appendix B and C.

Results of the survey are as follows:

I. Funded Programs



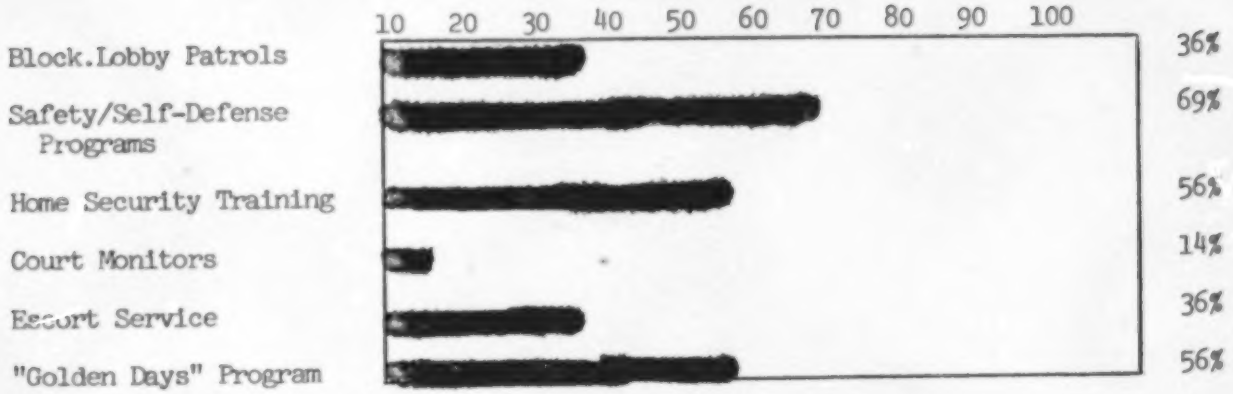
The graph indicates the percent of responding cities which indicated inclusion of these programs in their area of jurisdiction.

Other funded programs indicated are as follows:

20% Chore (handyman/homemaker services)
18% Day Care Centers
14% Employment Services

14% Discount Programs
11% RSVP
9% Foster Grandparent
9% Lower Taxes
9% Recreation/Crafts Programs
9% Senior Citizen I.D. Cards
7% Outings (shopping, trips, etc.)
7% Counseling Services
7% Educational Programs
7% Volunteer Organizations
7% Nutrition Centers
4% Visiting Nurses
4% Senior Newspaper
4% Mobile Book Program
4% Outreach

II. Non-funded Programs



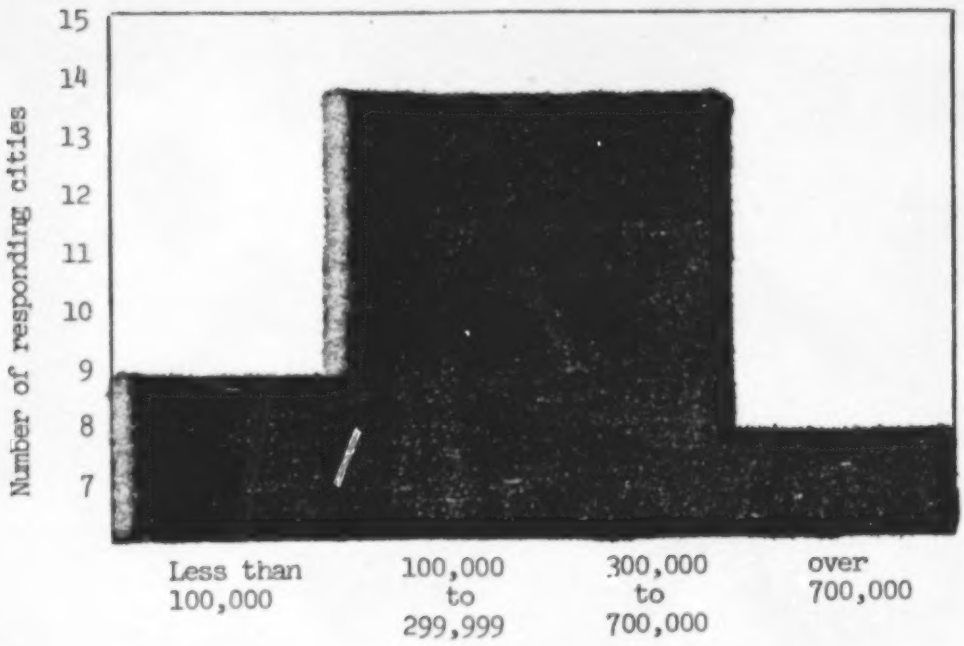
The graph indicates the percent of responding cities which indicated inclusion of these programs in their area of jurisdiction.

Other non-funded programs indicated are as follows:

9% Information Centers
9% Telephone Reassurance
7% Employment Services
7% Recreation/Crafts Programs
4% Pioneer Days
4% Low Cost Medical/Dental
4% Legislative Lobbyist
4% Advocate Groups
4% Chore (Home repairs/yard maintenance

4% Senior Radio/TV Programs
4% Educational Programs
4% Merchant Discounts

III. A. The population of the areas of jurisdiction ranged from 31,627 to 7.8 million. The population breakdown is presented in the following graph:



Population of the area of jurisdiction did not seem to affect the type of programs in the area. Programs offered also were not affected by the geographic location of the city.

B. Percentage of annual budget set aside for senior citizen programs:

This question was inconclusive. Very few responded to this question, stating they either did not know whether we wanted municipal funding,

federal funding, or both. Some cities reported the percentage of funds from Parks and Recreation; most emphasized their funds come from outside sources such as Revenue Sharing and federal programs, and further, they had no way of seperating the various sources of funds by percentages.

IV. The single most prevalent problem faced by senior citizens, as surfaced in this survey is presented below. The results indicate the percentage of respondants listing each item as their major problem.

42% Income Maintenance
31% Transportation
18% Health Care
16% Crime Victimization
9% Housing
7% Inflation
7% Loneliness/Isolation
4% In-home Care for the Informed
4% Lack of homemaker/handyman services
4% Energy crisis (costs)
4% Security

V. Problem areas due to lack of funds, staff, etc.:

44% Transportation
33% Housing
31% Chore
22% Security/Crime Victim Assistance
20% In-home Health Care
13% Income Assistance
9% Senior Center
7% Home delivered Meals
7% Nutrition
7% Legal Service
6% Medical Costs/Health Service
6% Escort Service

One of the obvious conclusions of this survey (and also based on

personal correspondence received from the responders) is a lack of central direction and guidance from both the federal government through local governments. There did not appear to be any method by which cities were able to share with each other on a regular basis how their programs were attempting to meet the challenges posed by these types of problems. There was no method of cross-feed whereby cities could compare their services and facilities with those of other cities. Another important finding of this survey, especially in the larger cities, was no central location where seniors could go or call to learn of all the services and activities which were available to them. Many of the services and activities were under different agencies or under self interest groups. What was needed, it was found, was one central office which could coordinate all of this information and provide it to the user, the senior members of the community.

One other important finding surfaced by the survey was that fundings for the various programs were like the tenacles of an octopus. Funding was so intertwined from and with so many different agencies and sources and levels of government, that managers were unable to easily determine what they had coming from whom and for what. What was needed for not only present planning and programming, but also for future projections was one central budget under the direction of one comptroller. This would not only eliminate the problems of submitting requirements and projections to many different sources, but would also give the director of that cities senior serving agency a better tool to utilize in management, planning, and programming.

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How then are we as professional helpers affected by this? What are the implications for counselors both as professionals and as responsible members of the community? What plan can we follow to make the quality of life for the aged better?

First and foremost, counselor education programs must as a minimum include course work to familiarize future counselors with the many problems faced by the senior citizen, both psychological, sociological, and physiological. This becomes particularly important for those programs which produce counseling therapists. All too often practicing therapists limit themselves to a more youthful, middle class population, not only because that is where the money is, but also because the associated problems are less severe.

In the ethical and moral preparation of counselors, stress needs to be placed that services are for all of this nations citizens, regardless of an individuals age, ability to pay, or appeal to individual client preference. Students need to be indoctrinated into a professional philosophy which clearly emphasizes dedication to human services commitment, humanity, and civic obligation and civic responsibility. As social change agents and social engineers the counselor-in-training should come to realize the value that his skills, training and knowledge have in shaping the forces of municipal and city government, planning, programming and facilities.

Those practicing counselors in the field, if they are not already doing so, need to become knowledgable about just such things that have been mentioned in this presentation. Further, they need to become

knowledgable of and involved with their city management, making the city councilman and mayors aware of the particular skills they have to offer in helping meet that cities human services committment, for all of its citizens including the aged. They need to lobby for programs which are sorely needed and to be protective against those whose intentions are to eliminate already vitally functioning programs or to reduce already badly needed and inadequate funds. They need to push for the establishment of a plan which would provide for a central office and central point of coordination.

Such a plan has already been worked out. It has been proposed by Dr. James L. MacKay, consultant in Gerontology, Alamo Area Council of Governments, Administration on Aging, San Antonio, Texas.[5] I strongly endorse the adaptation of this plan or a plan similar to it.

The plan involves the churches of the city and county since they are geographically distributed so that every neighborhood will be served.

The participating churches of each neighborhood would develop programs for the elderly of the neighborhood on different days of the week and would serve all elderly, not limiting their services to their own members.

From each church, two elderly persons would be appointed to take training as listening and referral officers. Many older persons only need a sympathetic ear which has been trained to listen, someone to whom they can talk.

In the central office there would be trained counselors who would

be qualified to advise the listening and referral officers or to take over cases, whichever seemed better.

The experienced listening and referral officers could make direct referrals to community resources.

The central office counselors would have to be trained counselors with special training in gerontology, social agencies and community problems and resources.

Wherever possible, services would be brought to the older person rather than involving the older person in transportation and agency routine.

The several listening and referral officers in a neighborhood could develop united outreach activities so that recluses could be ferreted out.

Groups of churches could combine on programs, activities, nutrition, transportation, and telephone projects to avoid duplication and insure that all persons in the neighborhood were being reached.

If the listening and referral officers learned to listen intelligently and would keep records of the types of problems presented by the clients, the central office could tabulate the needs of the community more accurately than by any other scheme presently in use. These needs would be those of the rich and the poor and those of every ethnic group.

The central office could then provide this information to Washington where it could be compiled into a quarterly review not only for legislative action but for dissemination back to the cities for cross-feed comparisons.

Such a plan is a very realistic one, one that could be implimented

in the immediate future.

Now I would like to conclude this presentation by quoting a small portion of an article written by William Goode just a few short years ago, but which still seems to be true.[6]

"So far, no collective solution has been developed for this large and growing segment of the population. Individual families have been unable to shoulder the burden adequately, and the many efforts of the state have been, in the eyes of most, putifully insignificant. Our imaginations have not soared high enough to envision the scope of the problem or its solution. By and large, the main solutions offered have centered around a larger pension, though the sums suggested are always much too small.... Our society has taken no steps toward any solutions that would generate or facilitate a more satisfying life for the older citizens...solutions which would cause the senior citizen (sic) to feel that what they do is important enough for the fate of others to justify contributing their dwindling time and energy.

I have identified the problems for you and I have presented you with a proposed solution. I now challenge each of you to take up your professional and civic responsibility to implement this solution and to fulfill your needs in human services committment.

Additional copies of this presentation will be furnished by request from the Department of Guidance and Educational Psychology, Southern Illinois University, Carbondale, Illinois, 62901

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